REPORT OF THE DIRECTOR OF CHILD AND FAMILY SERVICES

FOR THE YEARS

2002 – 2012

Department of Health and Social Services
Government of the Northwest Territories

Northwest Territories Health and Social Services

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LETTER OF TRANSMITTAL

April 30, 2014

The Honourable Glen Abernethy
Minister of Health and Social Services
Government of the Northwest Territories

Dear Mr. Minister,

It is my privilege to submit to you the Report of the Director of Child and Family Services for the period 2002 to 2012. This retrospective report highlights the changes, many of which are positive, that have occurred in the decade ending in 2012. The report also sets the stage for further changes in the way in which child and family services will be delivered in the future, especially with respect to focusing more on family supports and other preventive measures.

I look forward to continuing to serve the children of the Northwest Territories under your leadership and direction.

Sincerely,

Andrew Langford
Director, Child and Family Services

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Data Sources and Interpretation

Unless otherwise indicated, the data in this report came from the Department of Health and Social Services children and family services information system (CFIS). While every effort was made to ensure that the information provided is accurate and up to date, CFIS is a dynamic database which is continuously updated. The numbers may be adjusted in future, particularly for the most recent years reported.

Information in the report is sometimes presented in terms of the actual number of children coming in contact with child protection services, and at other times is presented as a rate per 1,000 events. An event reflects the type of contact the child experienced with child and family services, for instance, an apprehension, an interim custody order or a supervision order. It is important to note that one child may experience multiple events over the period of one year. Reporting rates per 1,000 events allows for an analysis of the changes in child protection practices over time, while reporting the number of children allows for an analysis of the population of children served by the child and family services program.

1. Executive Summary

This report on the delivery of services under the *Child and Family Services Act* covers the period from 2002 to 2012. The table below highlights the trends observed in this 11-year retrospective examination of services delivered under the *Act*.

Table 1
Major Trends

Indicator	11-Year Trend (2002 – 2012)		
	Increasing	Stable	Decreasing
Number of Children Receiving Services (0-15 years)		√	
Number of Children Receiving Services (16-18 years)	√		
Proportion of Children Receiving Services at Home	√		
Proportion of Children Removed from Home and Community		√	
Proportion of First Nations Children Receiving Services	√		
Rate of Voluntary Service Agreements	√		
Rate of Support Service Agreements		?	
Rate of Reports of Suspected Maltreatment		√	√
Rate of Investigations of Suspected Maltreatment	√		
Rate of Apprehensions Less Than 72 Hours		√	
Rate of Apprehensions Greater Than 72 Hours		√	
Rate of Plan of Care Agreements	√		
Rate of Supervision Orders			√
Rate of Interim Custody Orders			√
Rate of Temporary Custody Orders			√
Rate of Permanent Custody Orders		?	
Rate of Children in Southern Placements			√
Ratio of Voluntary to Court-Ordered Services	√		

Legend for Table 1
√ positive trend √ neutral trend √ negative trend ? trend uncertain

As can be seen in Table 1, the positive trends outnumbered the negative trends by a ratio of 10:2. With over 1,000 children and their families receiving services under the *Act* each year, the positive trends are encouraging. It was particularly encouraging to see that voluntary services came to predominate over court-ordered services as of 2010 (see Figure 2 on page 6).

The report begins with an overview of the number of children receiving services, then proceeds with an examination of services delivered under the *Act*, starting with investigations into reports of suspected

child maltreatment. Under the Act there are 19 conditions under which a child may be considered in need of protection.[1] For the most part these conditions can be grouped into three major categories – abuse (physical, emotional, sexual), neglect, and exposure to domestic violence. The report examines the relative proportions of each category of maltreatment, with a comparison to Canadian proportions.

Voluntary and court-mandated services, including apprehensions and interim custody orders, supervision orders and both temporary and permanent care and custody orders are examined in the report. Voluntary plan of care agreements are also examined, and a special section is devoted to children with permanent custody orders.

The report presents some of the major initiatives that impacted on services delivered under the *Act* between 2002 and 2012, and ends with a discussion of future directions.

[1] See Appendix 1 for the list of conditions.

2. Introduction

This report provides an overview of services delivered under the Northwest Territories *Child and Family Services Act* (the *Act*) over the eleven year period from 2002 to 2012. The current *Act* was proclaimed in 1998 as a replacement to the out-dated *Child Welfare Ordinance*. The new *Act* is founded on the belief that the family is the basic unit of society and that its wellbeing should be promoted and protected. Beyond that, the *Act* also recognizes that children have individual rights and are entitled to be protected from any form of maltreatment, including abuse, neglect, and exposure to domestic violence. The *Act* proclaims that the best interest of the child is the paramount consideration when child protection concerns need to be resolved. The *Act* is also proactive, enabling children, youth and their families to receive support services which help prevent potential maltreatment.

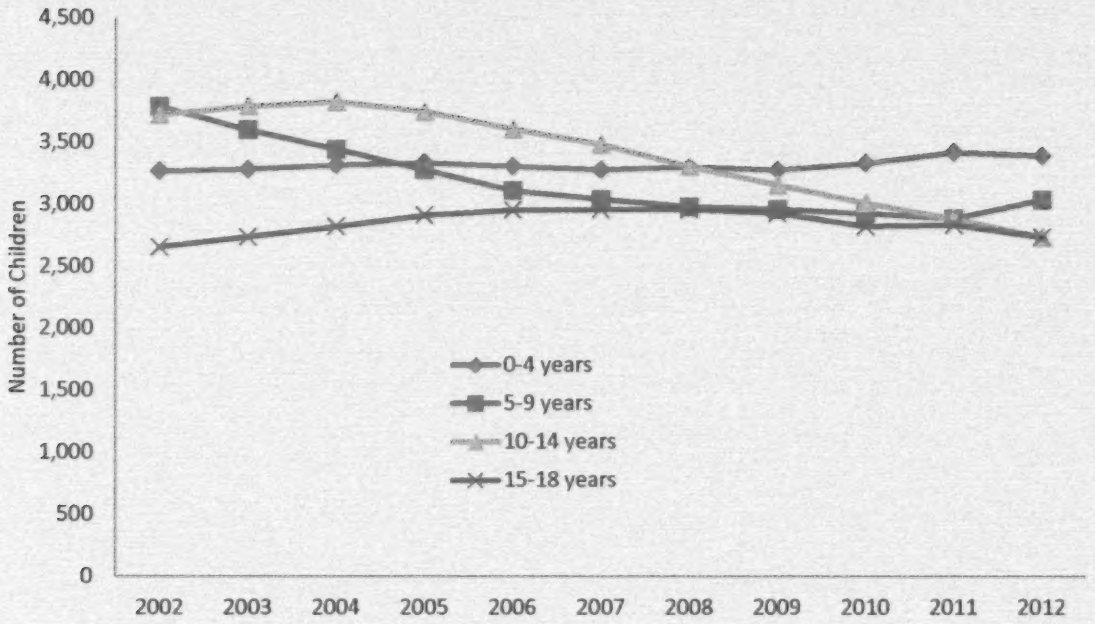
Child protection services in the Northwest Territories (NWT) are managed by seven regional health and social services authorities and are delivered by Child Protection Workers. Child Protection Workers are specially-trained social workers who are appointed by the Director of Child and Family Services to provide the services mandated by the *Act*. As of March 31, 2012 there were 68 social workers appointed as Child Protection Workers, who were delivering services to 544 children and their families.

Child Protection Workers have a challenging task in assessing the risks to children's safety and security, and are called upon daily to make very difficult decisions. They are compelled by the *Act* to make decisions based on what is in the best interest of the child, and that can bring them into conflict with the parents and other family members whom they are also trying to assist and support. Child Protection Workers strive to work collaboratively with parents and caregivers, and the *Act* supports them in this by enabling plan of care agreements as the preferred way of resolving child protection issues. However, when an agreement cannot be reached and a child continues to be at risk, then the court is the final decision-maker with respect to what happens for the child.

Child Population

According to the NWT Bureau of Statistics, the child population (0 – 18 years of age) in the NWT declined from 13,428 children in 2002 to 11,897 children in 2012, an 11% decrease. However, as can be seen in Figure 1, the decline has not been consistent across all age groups.

Figure 1
NWT Child Population by Age Group



The decline in the child population was most noticeable for the 10 to 14 year age group, which decreased by 27%. By comparison, the 0 to 4 year age group increased by 4%.

3. Services for Children and their Families

Voluntary Services

The *Act* promotes early intervention and prevention. It also directs that services should be provided in the child's home or as close to the child's home and community as possible. In order for services to be provided to a child and/or family under the *Act* an agreement must be signed between the child's legal guardian and the Child Protection Worker, or a court order must be obtained by the Child Protection Worker.

The *Act* encourages Child Protection Workers to use prevention and early intervention strategies through the provision of voluntary services for families. There are three types of prevention and early intervention services: voluntary service agreements with parents who need support and assistance; support services agreements with youth between the ages of 16 and 18 who need support and assistance; and plan of care agreements with the parents of children at risk of abuse or neglect. The purpose of voluntary services is to enable children and their families to receive support without parents relinquishing their legal rights and responsibilities. Voluntary services provide supports to children and families in order to prevent the development of protection concerns. Support services also provide assistance to youth who cannot live with their parents and are making efforts to care for themselves.

Under the *Act*, services to support and assist families may include (but are not limited to) counselling, respite care, drug or alcohol rehabilitation, and assistance during illness or disability of a child. These services may take place while a child is in the parental home, an extended family member's home, a provisional foster home, a regular foster home, a group home or a treatment centre.

Court-Ordered Services

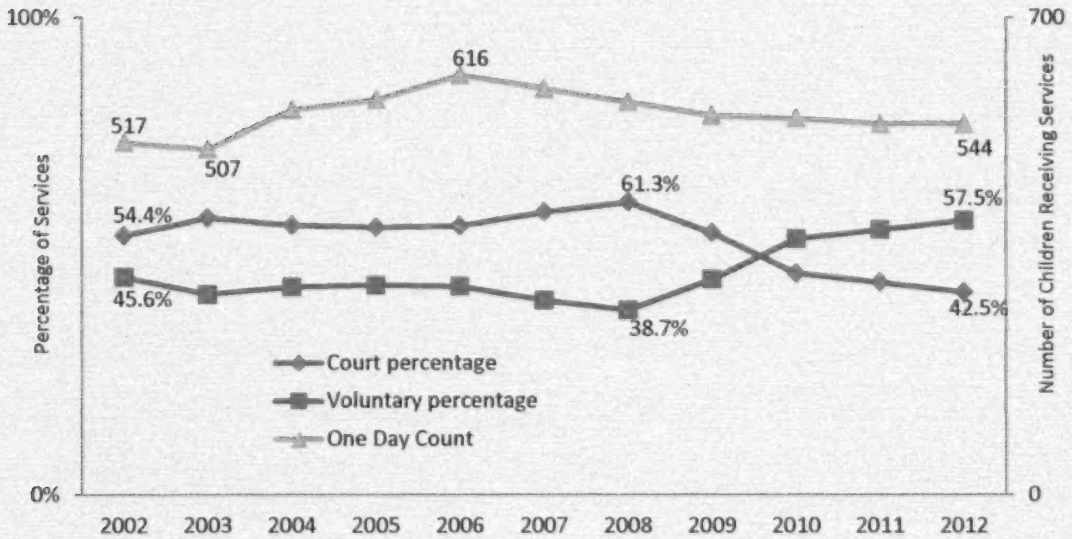
There are times when child protection concerns warrant the removal of children from their parents' custody. The *Act* provides authority to the Director of Child and Family Services, assisted by Child Protection Workers, to ensure that child protection matters are brought before the court. Court-mandated actions include reviewing and confirming the decision to apprehend a child, and issuing

supervision orders, interim custody orders, temporary custody orders and permanent custody orders. When children are removed from their parental homes under a court order every effort is made to ensure that they remain in their home communities, and are cared for by close relatives or family friends.

Number of Children Served

Between 2002 and 2012, an average of 1,011 children received services under the *Act* each year. In 2012 987 children received services under the Act, which represented 10.8% of the entire child population. On a daily basis, using March 31 of each year as the reference point, an average of 559 children were receiving services under the *Act*. Figure 2 below shows the total number of children receiving services on March 31 of each year, along with the proportion of children receiving voluntary services and the proportion receiving court-ordered services.

Figure 2
Number of Children and Percentage of Services on March 31 of Each Year



As can be seen in Figure 2, before 2009 there were more children receiving court-ordered services than children receiving voluntary services. At the beginning of the reporting period, 54.4% of 517 children were receiving court-ordered services, while 45.6% were receiving voluntary services. This trend changed in 2009 and by the end of the reporting period 57.5% of 544 children were receiving voluntary services and 42.5% were receiving court-ordered services.

Figure 3 shows the rate of children receiving services as a proportion of the total child population (rate per 1,000 children). When the change in the age distribution of children in the NWT is taken into account, the proportion of children receiving services remained relatively stable in the 0 to 14 year age groups, while the proportion of 15 to 18 year old children receiving services increased over the eleven-year period covered in this report.

Figure 3
Children Receiving Services by Age Group, by 1,000 Population (0-18 years)

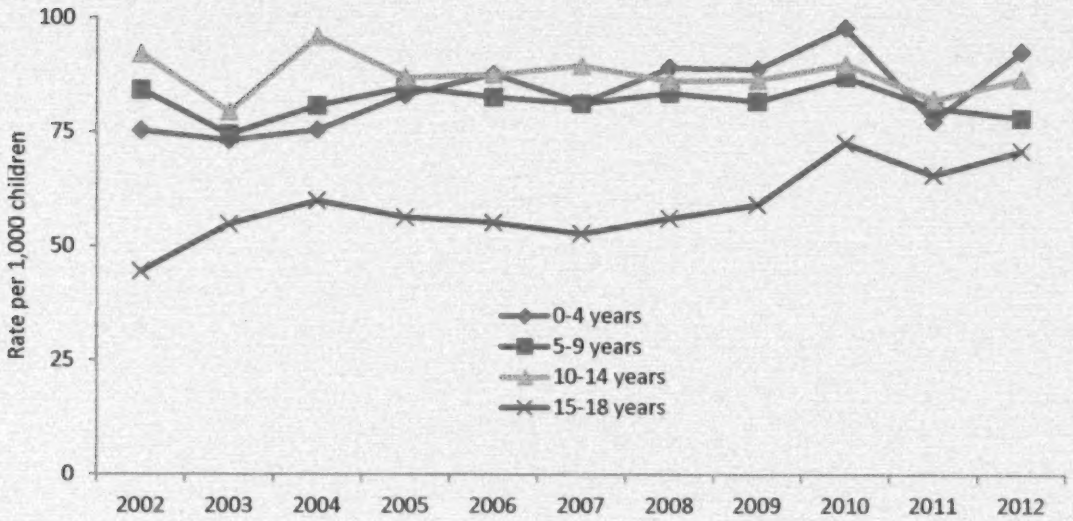
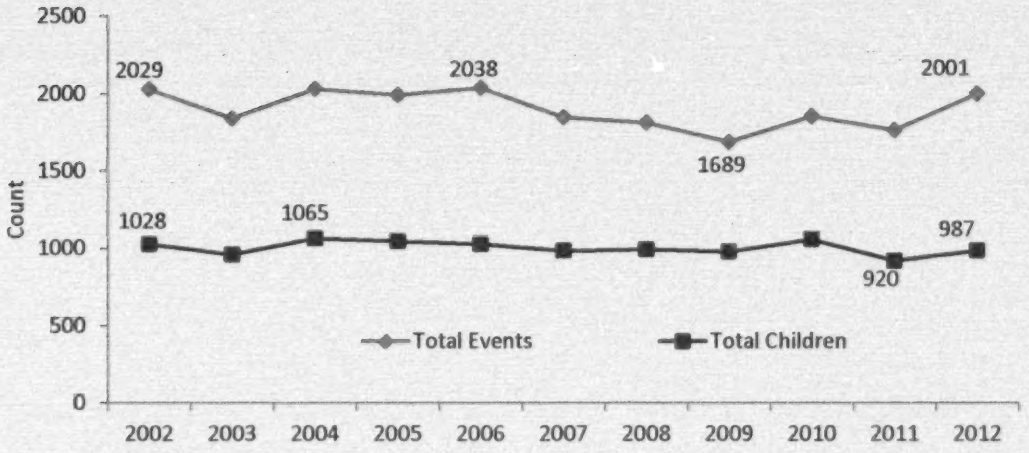


Figure 4 (next page) shows the number of service events (e.g. apprehensions, voluntary service agreements, court orders) per year, as well as the number of children receiving services per year. Children receiving services had an average of 1.9 service events per year. These service events could include two different services (for instance, apprehension, followed by a court order) or two instances of the same service (e.g., an initial voluntary service agreement and a renewal of a voluntary service agreement for a second term).

Figure 4
Total Number of Children Receiving Services, and Total Number of Service Events



While the number of children receiving services has remained relatively stable, the overall rate of children receiving services increased, because of the decline in the size of the child population. Figure 5 presents the number of children receiving services, along with the rate of services per 1,000 children in the population. As can be seen in Figure 5, while the number of children served has remained stable, the rate of services delivered showed an increasing trend.

Figure 5
Rate and Count of Children Receiving Services

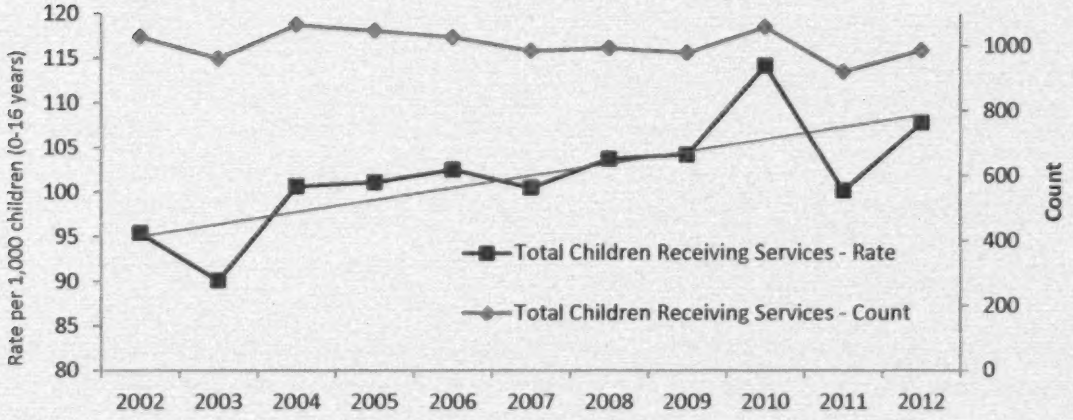


Figure 6 presents the age distribution of children receiving services on March 31, 2012. Just over half of the services provided to children in the 0 to 14 year age groups were voluntary services, while nearly 70% of services provided to children aged 15 to 18 years of age were voluntary services.

Figure 6
Type of Service Received (Court-Ordered or Voluntary) by Age Group, March 31, 2012 One-Day Count

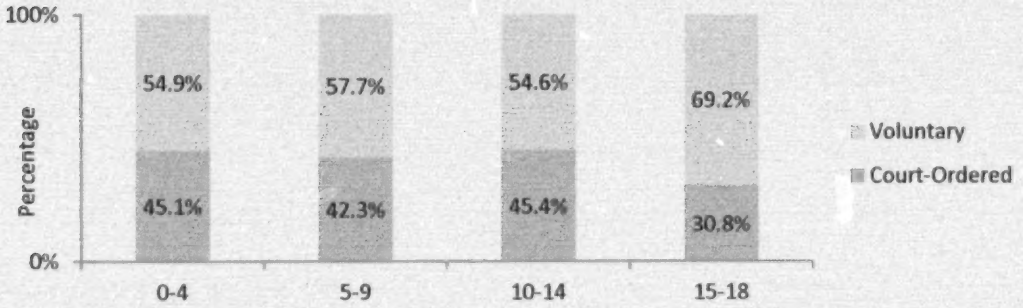
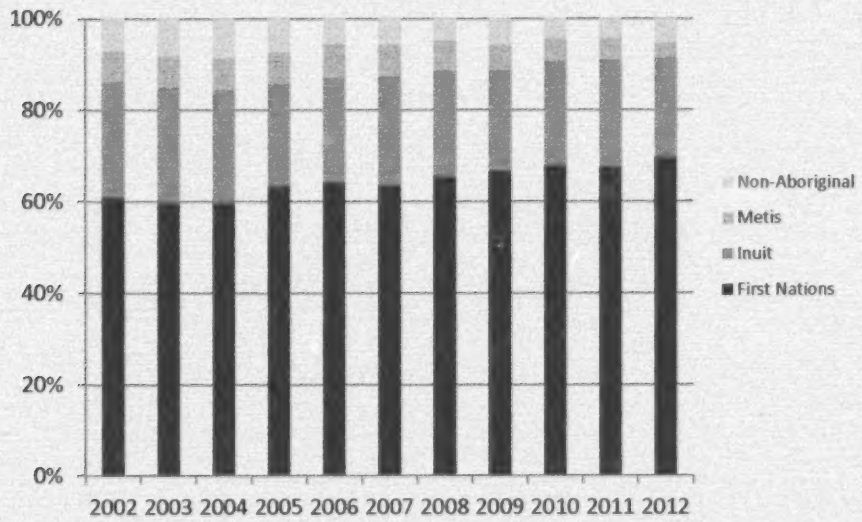


Figure 7 presents the proportion of Aboriginal children receiving services. The percentage of children receiving services who are First Nations increased, while the percentage of children receiving services who are Métis, Inuit or Non-Aboriginal decreased over the reporting period.

Figure 7
Proportion of Children Receiving Services by Ethnicity

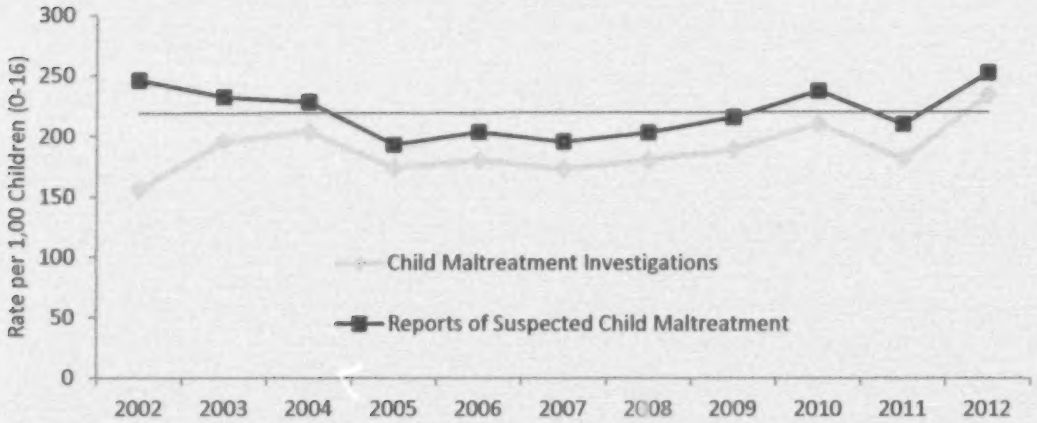


The over-representation of First Nations children receiving services under the *Act* is not unique to the Northwest Territories; similar findings have been noted across Canada. In 2011 the Assembly of First Nations undertook a major study to investigate this over-representation. The findings from that study are discussed in the "Moving Forward" section of this report. Suffice it to say at this point that the over-representation is believed to be linked to the impacts of residential school experiences and is associated with poverty and addiction.

4. Reports and Investigations of Suspected Maltreatment

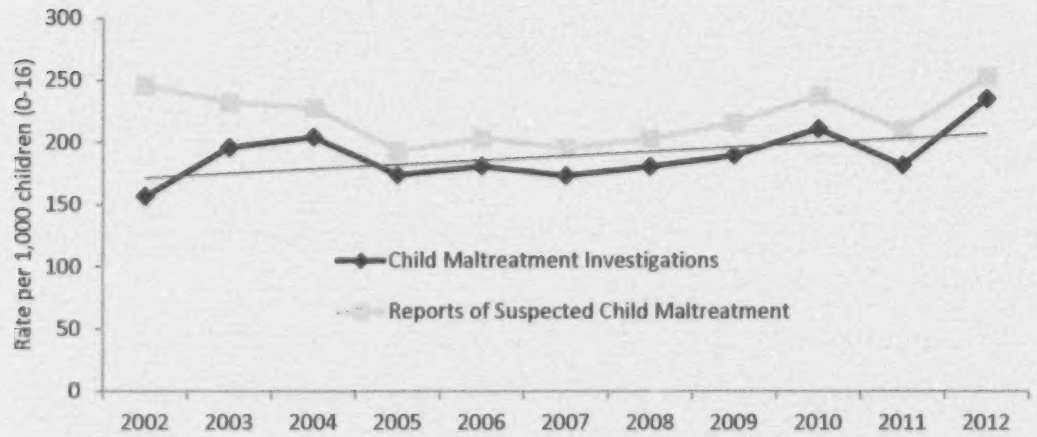
The *Act* requires that every person who suspects that a child may be abused or neglected must report their concern to a Child Protection Worker. Figure 8 shows the rate at which reports were received per 1,000 children aged 0 to 16 years in the population.

Figure 8
Reports of Suspected Maltreatment



As can be seen in Figure 8, the rate of reports of suspected maltreatment remained constant, at about 220 reports per 1,000 children age 0 to 16 years. On average, there were 2,175 reports of suspected child maltreatment each year. Figure 9 presents the rate of investigations into suspected maltreatment undertaken each year between 2002 and 2012, per 1,000 children age 0 to 16 years.

Figure 9
Child Protection Investigations



While the rate of reports of suspected child maltreatment remained constant, the rate of investigations showed an increasing trend. On average there were 1,866 investigations undertaken by Child Protection Workers each year between 2002 and 2012.

All reports of suspected child abuse or neglect which are brought to the attention of Child Protection Workers are screened to determine whether an investigation is warranted. When an investigation is warranted a Child Protection Worker will visit the family to determine if a child or children are at risk of harm. Appropriate action is taken based on, among other things, interviews with those responsible for looking after the child, other caregivers such as teachers and nurses, and observations of the child's living situation. Over 85% of all reports received between 2002 and 2012 were investigated.

Reasons for child protection Investigations

For every child protection concern received, a referral reason must be recorded. Referrals fall under four major categories: abuse; neglect; child's behaviour; and parent's behaviour. Each category is further divided into more specific reasons for referral. Abuse includes physical and emotional harm, and sexual molestation. Neglect involves failing to provide the necessities of life. Child behaviour that warrants protective intervention includes self-harm and alcohol and drug abuse, and parental behaviour that warrants protective intervention includes domestic violence and substance abuse.

Seven specific referral reasons appeared most frequently every year during the past ten years, highlighting the most common reasons families received services (Table 2, next page). The most commonly identified referral reason over the ten year period was 'parent's alcohol, drug or solvent problem'. The number of times this referral reason was identified as the primary reason for referral increased steadily from 16% (538 children) during 2002/2003 to 27% (633 children) during 2011/2012. This increase strongly supports the scientific and anecdotal evidence that parental alcohol and drug problems are responsible for much of the child maltreatment that requires intervention by Child Protection Workers.

Table 2
Top Referral Reasons: Fiscal Years 2002/2003 - 2011/2012

Referral Reason	Number of Referral Reasons	Percentage
Parent's Alcohol, Drug or Solvent Problem	5335	20.5%
Adult Family Violence	1949	7.5%
Other Parental Behaviours	1581	6.1%
Parent(s) Unable or Unwilling to Care for Child	1249	4.8%
Alleged Physical Abuse	1109	4.3%
Child has Alcohol, Drug or Solvent Problem	1025	3.9%
All Other Subcategories	13777	52.9%
Total	26025	100%

5. Voluntary Service and Support Service Agreements

Voluntary service agreements are the means by which parents may access child and family services when there are no child protection concerns, but nevertheless parents are in need of assistance. Figure 10 presents the overall rates for voluntary service agreements each year between 2002 and 2012. On average, 393 voluntary service agreements were signed each year.

Figure 10
Voluntary and Support Service Agreements

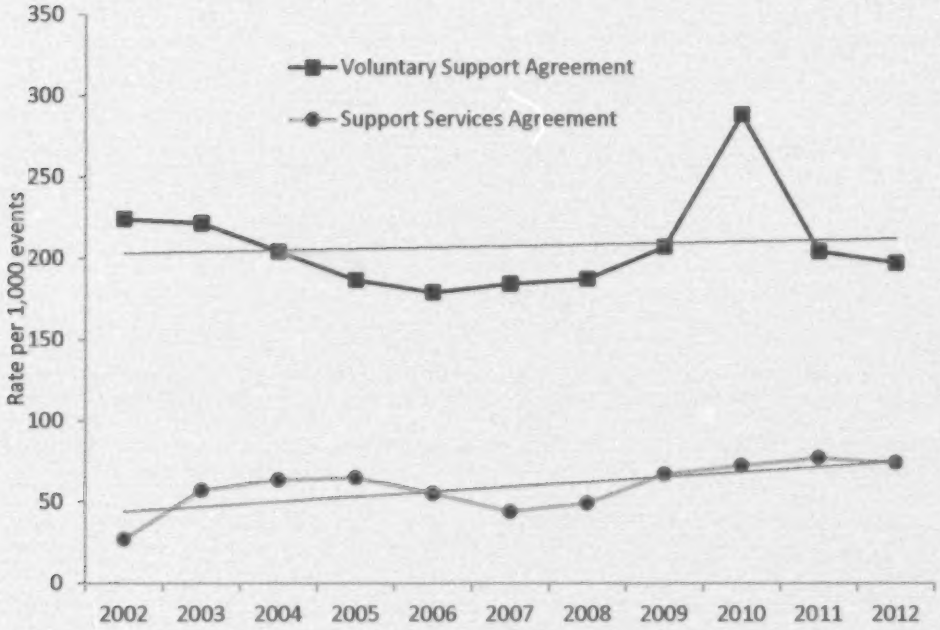


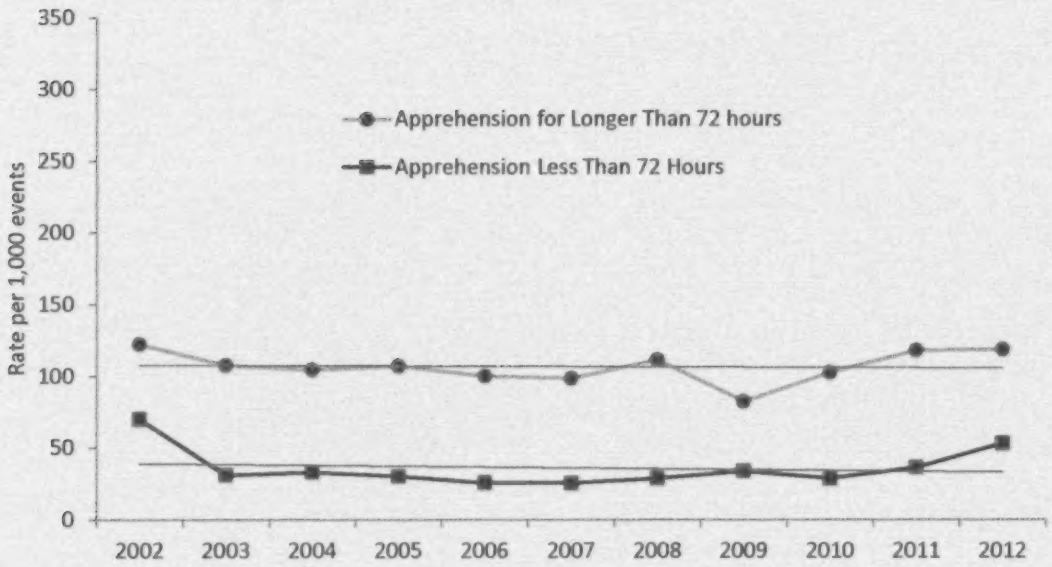
Figure 10 also presents the overall rates for support service agreements each year between 2002 and 2012. Support services agreements are the means by which 16- to 18-year-old youth may access necessary departmental services, such as financial assistance and housing support. On average 112 support service agreements were signed each year. As can be seen in Figure 10, the rate of both voluntary service and support service agreements trended slightly upward over the period from 2002 to 2012. However, there was some uncertainty with respect to the trend for support service agreements, given the spike in 2010.

6. APPREHENSIONS

An investigation into a report of suspected child maltreatment results in one of three outcomes: the report can be found to be unsubstantiated; the investigation can be inconclusive; or the report can be substantiated and the child is found to be in need of protection. When a need for protection exists the investigating Child Protection Worker is authorized under the *Act* to take action to protect the child, including an apprehension of the child if necessary. An apprehension involves removing the child from the parents or caregivers and placing the child in the care and custody of the Director of Child and Family Services. An apprehended child must be returned to the parents or caregivers within 72 hours, or else the decision to apprehend the child must be submitted to a court within four days, and reviewed by a court within 14 days[2]. The court determines whether the child is returned to the care of parents, or remains in the care of the Director.

Figure 11 presents the annual rates for apprehensions, both less than and longer than 72 hours.

Figure 11
Apprehensions



[2] In January 2008, amendments came into force that allowed for a fair and prompt hearing after the apprehension of a child, termed an 'apprehension hearing'. These amendments protect the constitutional rights of parents by ensuring a timely court review of the apprehension and the participation of parents/guardians. The apprehension hearing must be before the court within 14 days of a child being apprehended. The court will either make an order confirming the apprehension or dismiss the application.

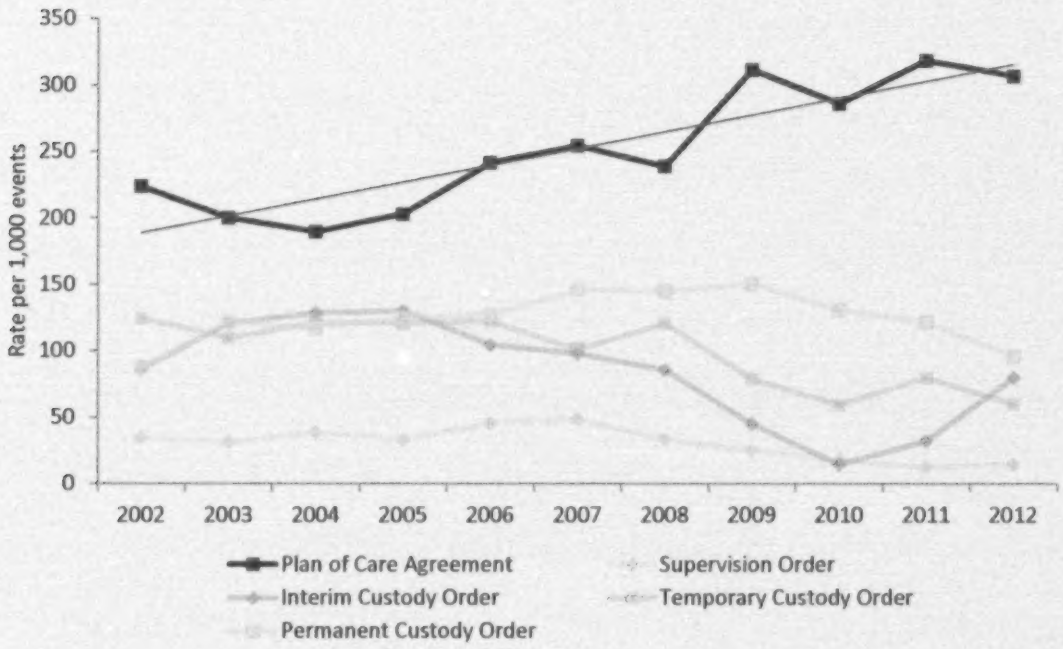
The rate of apprehensions, both less than and longer than 72 hours, was relatively stable. On average there were 69 apprehensions of less than 72 hours, and 203 apprehensions longer than 72 hours, each year.

Apprehensions may be resolved if the parents voluntarily enter into a plan of care agreement with the Child Protection Worker. Voluntarily entering into a plan of care agreement may also avoid entirely the need for apprehension. These agreements lay out the actions which the parents and the worker jointly agree to take in order to resolve the child protection concern.

7. Plan of Care Agreements

Figure 12 presents the rate for plan of care agreements.

Figure 12
Plan of Care Agreements



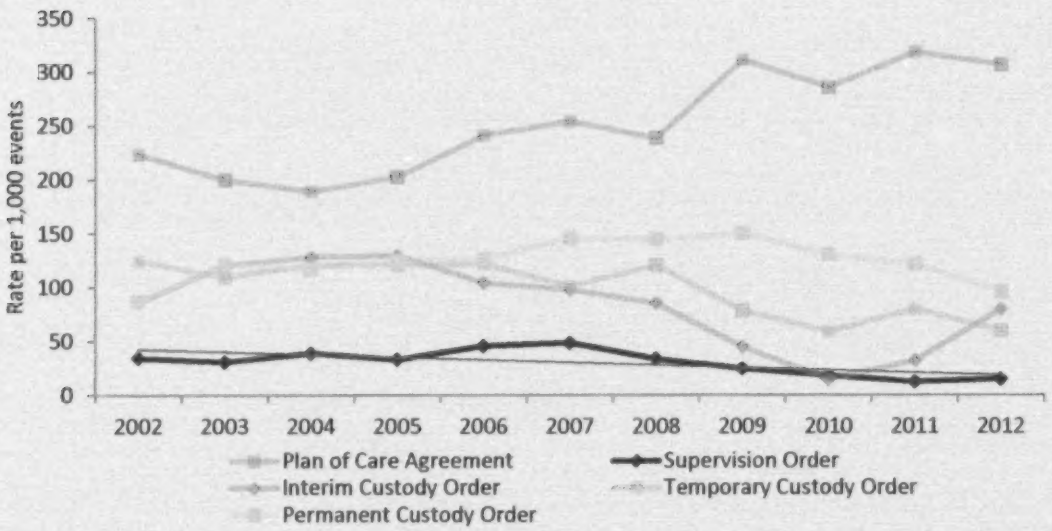
As can be seen in Figure 12, the rate of plan of care agreements showed an increasing trend between 2002 and 2012. On average there were 476 plan of care agreements signed each year.

As the reader will note in the following pages, the increasing trend in plan of care agreements was accompanied by a decreasing trend in supervision orders (Figure 13) interim custody orders (Figure 14) and temporary custody orders (Figure 15). When the parents and the Child Protection Worker cannot agree on a plan of care, and child protection concerns continues to exist, then the matter is referred to a court. In court the Child Protection Worker presents his or her concerns with respect to the need for a child protection order, and the parents present their views on the matter, represented by a lawyer if they so wish. The presiding judge hears the evidence and makes a decision about how the matter should be settled.

8. Court Orders

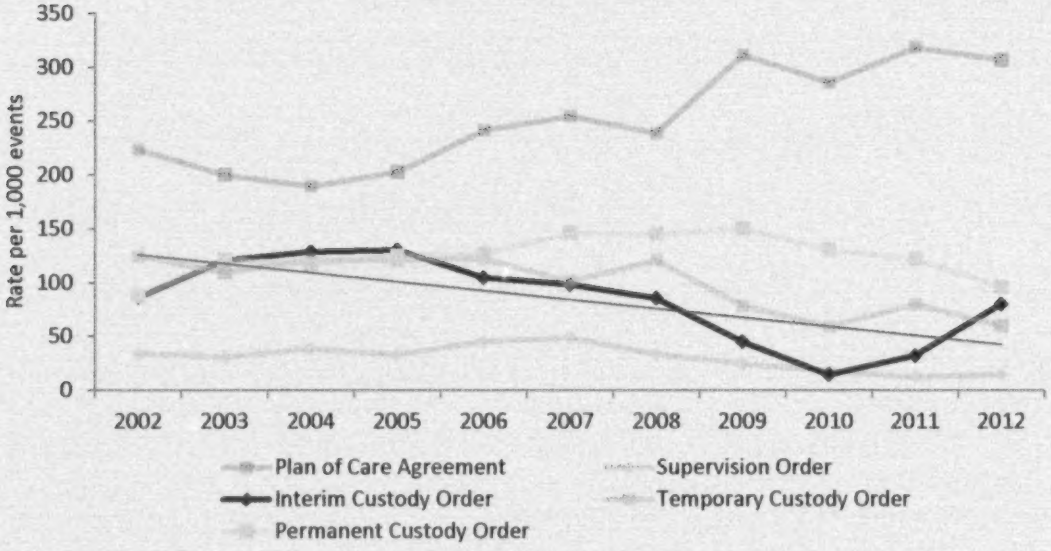
As noted previously, apprehensions longer than 72 hours must be reviewed by a court within four days of the apprehension taking place. Upon reviewing the apprehension the court may make a number of dispositions: order the child returned to the parents or caregivers; order the child returned to the parents or caregivers, but under the supervision of the Director (a supervision order); order the child to remain in the interim custody of the Director (an interim custody order); order the child to remain in the temporary custody of the Director for a period of up to two years (a temporary custody order); or, order the child to remain in the permanent custody of the Director until the age of 16 (a permanent custody order). Figures 13 and 14 present the rates for supervision and interim custody orders.

Figure 13
Supervision Orders



As can be seen in Figure 13, the rate of supervision orders showed a slight decreasing trend. On average there were 112 supervision orders in effect each year.

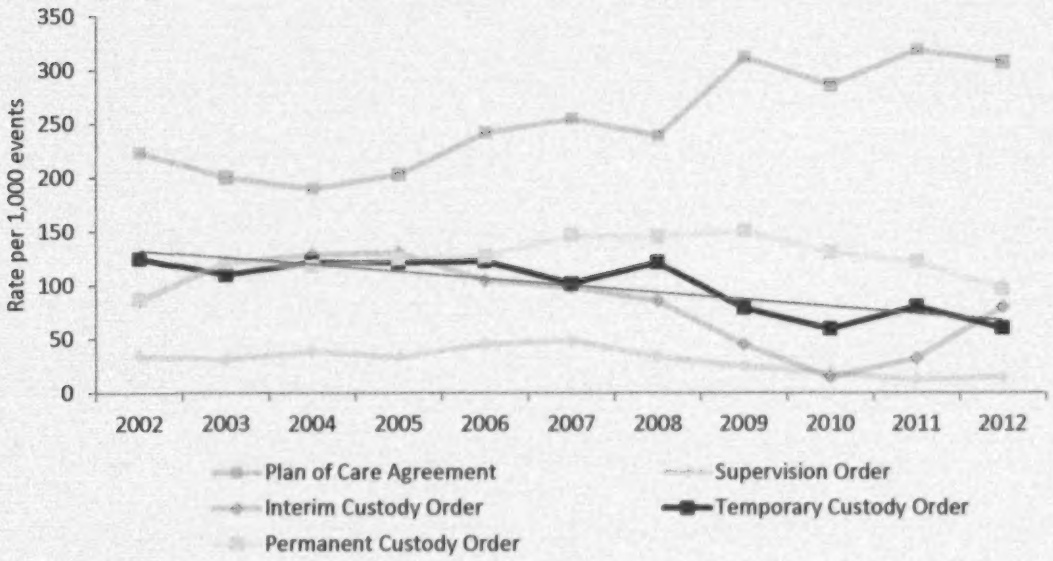
Figure 14
Interim Custody Orders



As can be seen in Figure 14, the rate of interim custody orders showed a decreasing trend. Interim custody orders are usually made when there is a need to adjourn the court proceedings temporarily, as can happen for instance when the parents need more time to consult with their lawyer. On average there were 162 interim custody orders in effect each year.

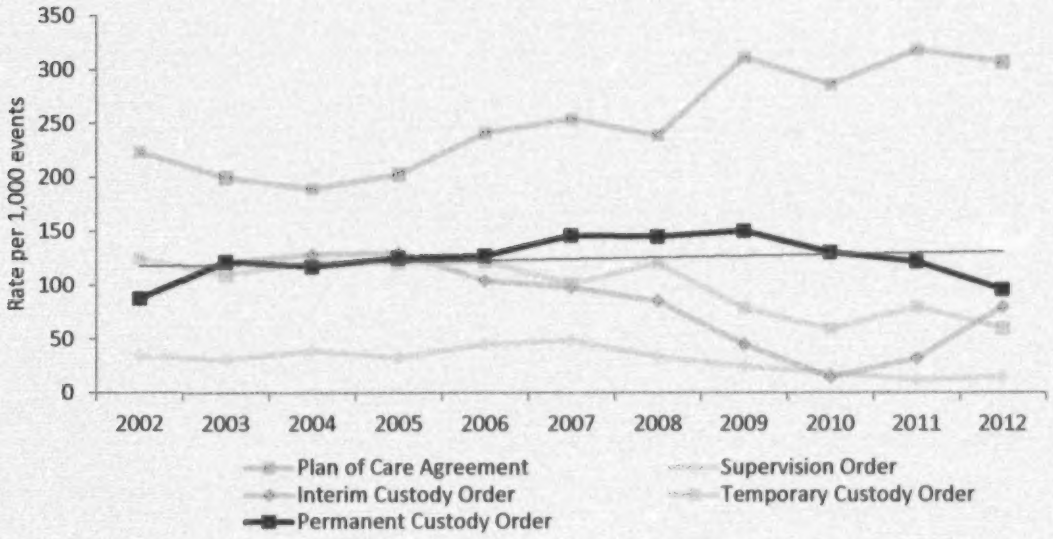
Figures 15 and 16 (next page) present the rates for temporary and permanent custody orders.

Figure 15
Temporary Custody Orders



As can be seen in Figure 15, the rate of temporary custody orders showed a decreasing trend. On average there were 191 temporary custody orders in effect each year.

Figure 16
Permanent Custody Orders



While the overall trend in the rate of permanent custody orders appeared to be stable, closer examination of Figure 16 suggests that the trend may have been increasing between 2002 and 2009, and decreasing thereafter. Consequently, the trend has been classified as "uncertain" in Table 1. On average there were 235 permanent custody orders in effect each year.

Permanent custody orders last until the child has reached the age of 16, and may be extended to age 18 if the child consents or if so ordered by a court. Permanent custody orders may be rescinded by a court if the parent's circumstances change significantly.

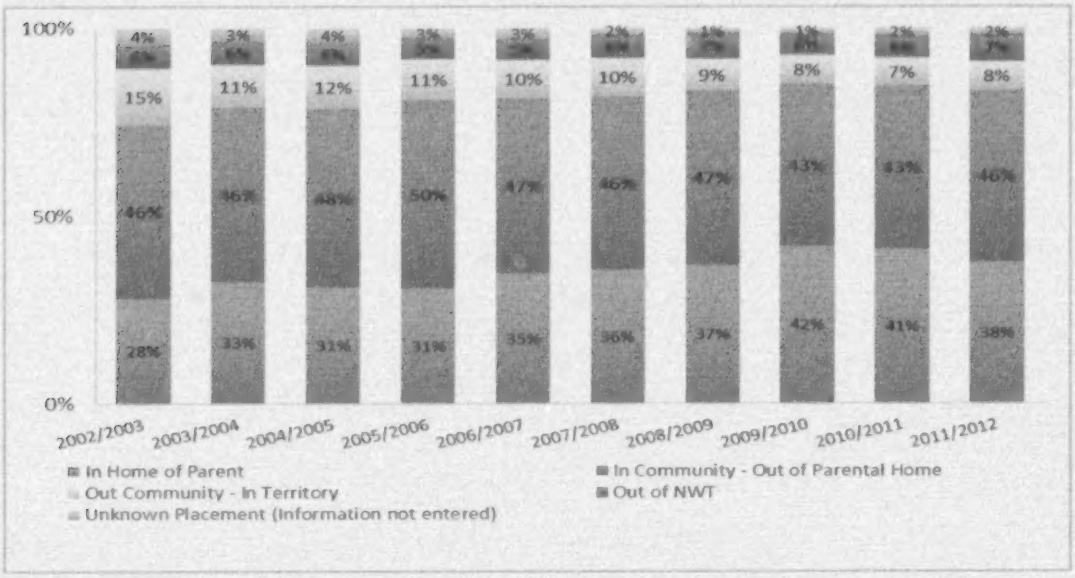
9. Placement of Children Receiving Services

When Child Protection Workers determine that a child is in need of protection, they must act according to the law, and in the *best interest of the child*. This could include providing support to the child's family or removing the child from their parental home. If a child is removed from the parental home, the first placement option is the extended family or family friends that are known to the child. Additionally, it is important to place the child within their own community, whenever possible. Children who are placed within their local community have reduced disruption to their lives as their social activities, friends, extended family, and community activities are less likely to change. In addition to keeping their community supports, these children have Child Protection Workers who are familiar with the community.

Figure 17 shows the distribution of children receiving services by placement location.

Figure 17

Distribution of Children Receiving Services by Placement Location



On average 81% of all children receiving child protection services between 2002 and 2012 were residing in their home community (34% in parental home, and 47% out of parental home but within their home community). Another 9% resided out of their home community but stayed within the NWT, and 8% received services outside of the NWT. Since the majority of children stayed in parental homes or lived in their home community, there were increased opportunities for Child Protection Workers to work on intervention and prevention strategies with children and families.

Placement Resources

Foster Homes

The Northwest Territories provide three types of foster homes: regular; provisional; and extended family. All foster homes must be approved in accordance with the standards and procedures laid out in the *NWT Child and Family Services Standards and Procedures Manual.* The foster care program provides alternative living arrangements for children who cannot live with their custodial parents. Recognising the importance of cultural and family identity to children and youth, the NWT *Child and Family Services Act*, proclaimed in 1998 and amended in 2003, mandates Child Protection Workers to look to provisional and extended family foster homes as a primary placement resource.

Regular approved foster homes provide care to any child or youth who requires that type of placement service. Although there were no official specialized foster homes in the NWT, there were several regular foster homes that provided special services for children with significant medical and behavioural conditions. A total of 5,212 regular foster home placements were completed between 2002 and 2012. As of March 31, 2012, there were 133 active regular foster homes in the NWT, providing care to 163 children.

Provisional and extended family foster homes care for specific children or youth. To qualify as such the foster home in question must have had a prior positive relationship with the child and family either through a kinship or friendship relationship. These homes are opened strictly for a specific child and closed when the child leaves. In order for a provisional or extended foster family to become a regular foster home, the family would need to go through a second approval process and attend further training as might be required.

GROUP HOMES

A group home refers to home in which children and youth in the care of the Director of Child and Family Services reside until more permanent placements are identified. Children/youth live in a home-like setting with either a set of house parents or a rotating staff of trained caregivers providing non-specialized or specialized therapeutic services to no more than eight (8) children/youth. Group homes are typically contracted services arranged between a Health and Social Service Authority and a contractor providing the service.

There are three (3) established group homes that operate in the NWT:

Polar Group Home (Fort Smith)

The Polar Group Home provides family-modeled residential care services in a group home setting for children in care of the Director of Child and Family Services. This home can accommodate up to six children at a time. It is open for 24 hours throughout the week. All referrals to the group home are made by social services.

Inuvik Youth Group Home (Inuvik)

The Inuvik Youth Group Home program is to help youth develop skills to be successful in transitioning out of care into either a supportive family/community placement or into independent living. The group home is a home setting with a variety of programs such as living life skills, cooking, household chores, laundry and independent living skills. The home's six beds are open to youth (age 13-18) who may live in the home long term. One bed is held for emergency placements in the home for up to 14 days or until a suitable placement is found.

The Rycon Foster Family Shelter Home (Yellowknife)

The Rycon Foster Family Shelter Home is a parented foster group home that meets the needs of 6-8 children between the ages of 0-12 years old. The intent of the program is to provide a longer term stable home/family environment for children to limit the amount of transitions in and out of placements. While the children served are not deemed high needs children, they are often children that are harder to place in other stable homes. Children stay at the Rycon home until they are adopted, provided a long term foster option, or placed back with family or extended family where applicable.

A total of 351 children were placed in group homes between 2002 and 2012. As of March 31, 2012 five children were residing in a group home.

Northern Treatment Facilities

The NWT has two children's residential treatment centers (Territorial Treatment Centre and Trailcross) which specialize in providing services for children or youth with moderate to severe behavioural, emotional, psychological or psychiatric disturbances. These centres operate to meet the needs of children receiving services under the *NWT Child and Family Services Act*. Both facilities are operated under contract with a southern service provider. They both offer programs for the treatment, education, care, and recreational and developmental needs of each child in the facility.

Territorial Treatment Centre (Yellowknife)

The Territorial Treatment Centre is an eight-bed intensive residential treatment centre providing diagnostic and treatment services for children between the ages of 8-12, who are experiencing social, emotional, and/or behavioural difficulties. The services offered are available to all communities of the NWT.

Trailcross (Fort Smith)

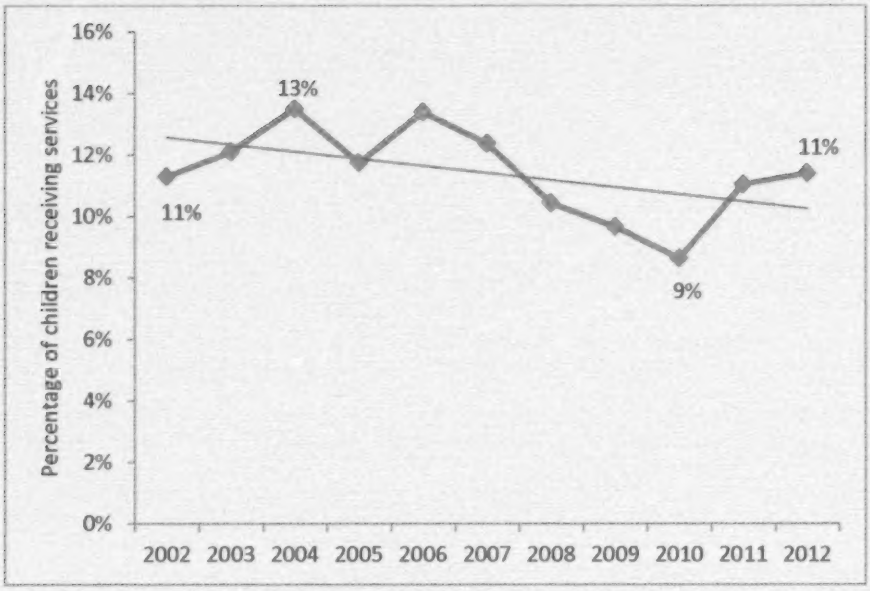
Trailcross is a specialized nine-bed residential treatment program for youth (12 – 18) experiencing social, emotional and behavioural needs.

A total of 153 children were placed in northern treatment centres between 2002 and 2012. As of March 31, 2012 there were eight children residing in the two northern treatment centres.

Southern Specialized Placement resources

Southern placements are residential treatment centers and other program resources which provide NWT children with specialised services that are not available in the NWT. The number of NWT children in southern facilities fluctuates throughout the year. The length of stay depends on the each individual child's needs and the regional health and social services authority's capacity to repatriate each child to the NWT. Figure 18 shows a declining trend in the percentage of children staying in southern placements over the past 11 years.

Figure 18
Children in Southern Placements



10. Children in Permanent Care and Custody

The care and custody of a child can be permanently transferred by a court order to the Director of Child and Family Services. Permanent care and custody lasts until the child attains the age of 16, and may be extended to the age of majority (19 years old), by consent of the youth or by court order. For children under a permanent custody order the Director has all the rights and responsibilities of a parent.

There was a steady increase each year in the number of children with permanent custody orders from 2002 (135 children), reaching a peak in 2007 and 2008 (227 children each year). Thereafter the numbers declined each year. On March 31, 2012 there were 156 children in the permanent care and custody of the Director.

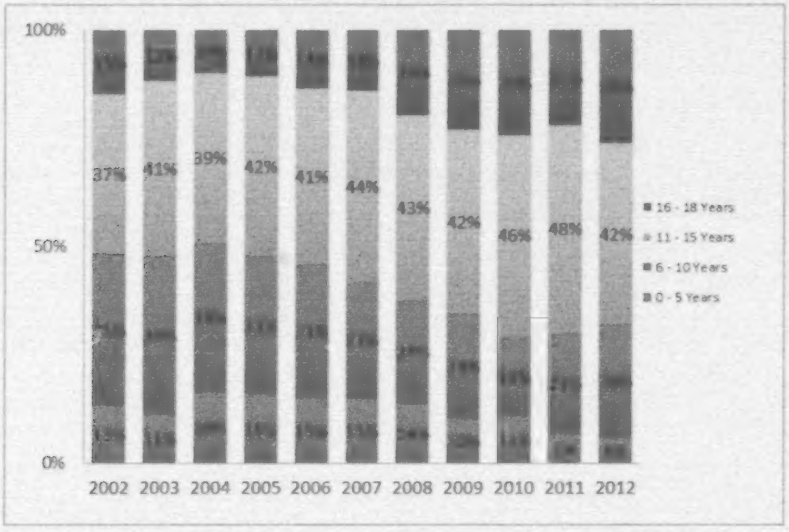
Overall, between March 31, 2002 and March 31, 2012, the number of children with permanent custody orders had increased by 16%. However, since the peak in 2007, the number of children with permanent custody orders decreased 31% by 2012.

Table 3 and Figure 20 show the age distribution of children with permanent custody orders.

Table 3
Children in Permanent Custody by Age Group, as of March 31 Each Year

Age	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
0 - 5	18	19	33	34	33	34	31	22	22	12	9
6 - 10	47	62	69	68	69	61	54	51	38	41	41
11-15	50	69	79	89	90	100	97	90	94	84	65
16-18	20	20	20	23	30	32	45	49	50	39	41
Total	135	170	201	214	222	227	227	212	204	176	156

Figure 19
Distribution of Children in Permanent Custody by Age Group, as of March 31 Each Year



The proportion of children aged 0 to 5 years with permanent custody orders declined from 13% in 2002 to 6% in 2012, and the proportion of children aged 6 to 10 years with permanent custody orders declined from 35% in 2002 to 26% in 2012. The proportion of children aged 11 to 15 years with permanent custody orders increased from 37% in 2002 to 42% in 2012, and the proportion of children aged 16 to 18 years with permanent custody orders increased from 15% in 2002 to 26% in 2012. It is encouraging to note that the proportion of younger children with permanent custody orders is decreasing.

Between 2002 and 2012 there were six children surrendered for the purposes of adoption, for an average of less than one child per year.

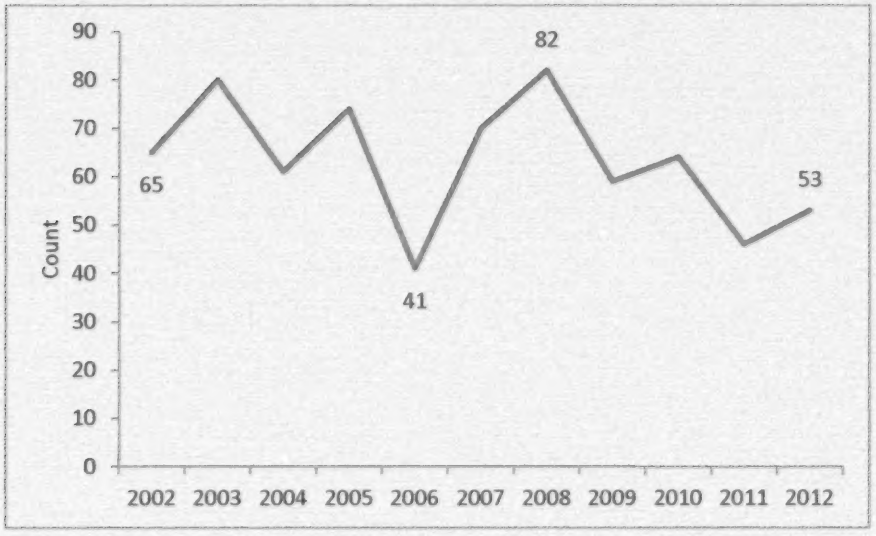
11. ADOPTIONS

Adoption is the process through which children become full and permanent legal members of another family. Decisions concerning the adoption of children are made in the best interest of the child and always in recognition of different cultural values and practices that must be respected. There are five different types of adoptions; departmental, private, step-parent, inter-country, and Aboriginal custom adoption. The *Adoption Act* governs the departmental, inter-country, private and step-parent adoption. The *Aboriginal Custom Adoption Recognition Act* governs custom adoption.

The Department of Health and Social Services provides statutory child protection and adoption training to NWT social workers. The Adoptions unit is responsible for the coordination and management of registries including a registry of children available for adoption, approved adoptive families, and completed adoptions.

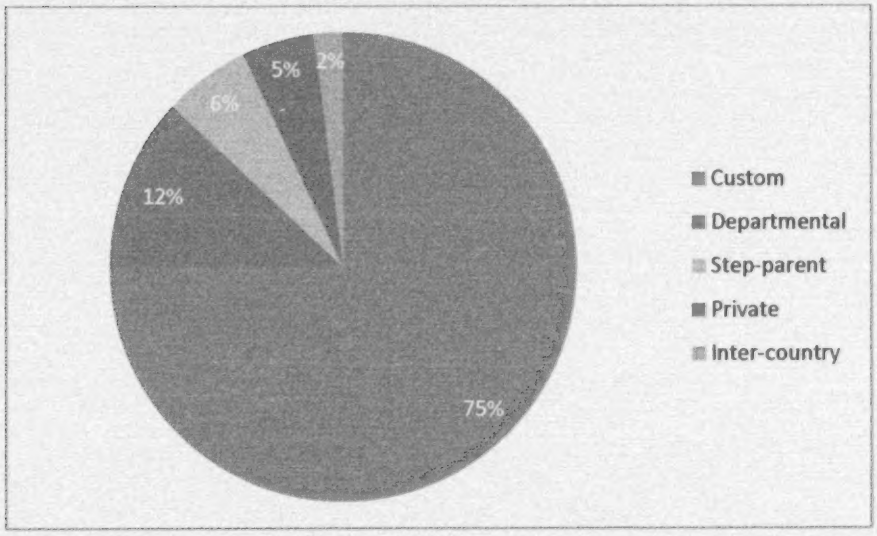
In total, 695 children were adopted between 2002 and 2012, ranging from 41 to 82 annually, with an average of 63 adoptions each year. The annual distribution of adoptions is presented in Figure 20.

Figure 20
Total Adoption Orders Granted



Of the 695 adoptions that took place between 2002 and 2012, 75% (524) were custom adoptions, followed by 12% departmental (85), 6% step-parent (39), 5% private (33) and 2% inter-country (14), as can be seen in Figure 21.

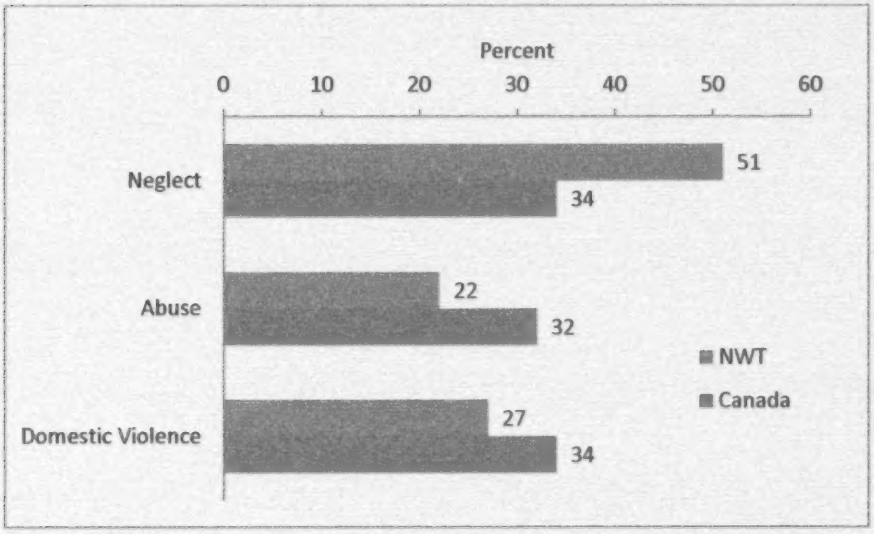
Figure 21
Number of Adoptions by Adoption Type



12. MAJOR DEVELOPMENTS

In 2003 the NWT participated in the Canadian Incidence Study of Child Abuse and Neglect (CIS),[3] a national project sponsored by the Public Health Agency of Canada. The study found that across Canada the three major forms of child maltreatment – neglect, abuse (physical, emotional and sexual) and exposure to domestic violence – occurred in roughly the same proportions, as depicted in Figure 22 below.

Figure 22
Percentage of Confirmed Maltreatment Cases



As can be seen in Figure 22, neglect occurred in a much higher percentage of cases in the NWT than in Canada overall (51% compared to 34%), and both abuse and exposure to domestic violence occurred in a lower percentage of cases than in the rest of the country. In many situations involving abuse, removing the child from the parent(s) is necessary to ensure that the child is protected from further harm. However, in situations involving neglect, removing the child can sometimes do more harm than good. The finding that rates of neglect are relatively high in the NWT, and that the other two forms of maltreatment are relatively low, has implications for child protection practices. The finding suggests that

[3] MacLaurin, B. et al., *Northwest Territories Incidence Study of Reported Child Abuse and Neglect*, NWTIS-2003: Final Report. University of Calgary, 2005

a differential response approach, wherein situations involving neglect are treated differently than are situations involving abuse, should be the preferred method of resolving child protection concerns. This will be explored further in the next Director's report, scheduled for October 2014.

In 2008 the *Child and Family Services Act* and regulations were amended to decrease the maximum allowable time between a child's apprehension and a court hearing from 45 days to 14 days. The *Act* was amended to ensure that unless the child is returned to their parent or the person with lawful custody within 72 hours of the apprehension, the protection issue has to be submitted to court within four days and heard by the court within 14 days. This enhancement of parental rights has enabled parents to have the opportunity to speak to the apprehension matter in a court much sooner than under previous legislation, and it has served to more quickly resolve the child's living arrangements.

Foster families make a vital contribution to child and family services by opening their homes and providing stability, nurturing and guidance to children and youth in the care of the Director. In 2008 foster care rates were adjusted to better reflect the cost of providing foster care services, creating additional funding for clothing and recreation, and making payment adjustments based on the age of the foster child.

In June of 2009 the Legislative Assembly directed the Standing Committee on Social Programs to undertake a full-scale review of the *Child and Family Services Act*. The Committee consulted widely with community stakeholders, commissioned expert advice, made field trips and solicited written submissions. The Committee's *Report on the Review of the Child and Family Services Act* was delivered in October 2010, with 73 recommendations for change flowing from eight areas of priority including:

- Focus on prevention and early intervention;
- Taking least intrusive measures with increased emphasis on collaborative processes;
- Setting up Child and Family Service Committees in every community;
- Providing readily accessible alcohol and drug treatment;
- Extending services to youth and young adults;
- Updating procedures and increasing extended family placements and community solutions;

- Developing an anti-poverty strategy;
- Incorporating the recommendations into the Department's strategic plan.

In 2011 the Department published its five-year strategic plan, *Building on Our Foundation 2011 – 2016*. Responding to the Standing Committee on Social Programs recommendations, the first priority within this plan was the enhancement of services to children and families, with specific commitments to support communities in the establishment of child and family service committees, to make further amendments to improve the *Child and Family Services Act*, to expand the Healthy Family program, and to publish more plain language materials on the *Act* and the services available.

In 2011 the Assembly of First Nations (AFN) undertook an analysis of the over-representation of First Nations in child welfare systems across the country, using data gathered through the Canadian Incidence Study of Reported Child Abuse and Neglect. Among the findings of this ground-breaking analysis was the following: "The CIS has further demonstrated that the overrepresentation of First Nations children in the child welfare system is primarily driven by cases of neglect, rather than other forms of maltreatment...and that incidents of neglect for First Nations children are associated with poverty, poor housing and caregiver substance abuse."[4]

A year prior to the AFN report the Legislative Assembly's Standing Committee on Social Programs offered its own insights into the reasons why Aboriginal children are over-represented in the NWT child welfare program: "The causes are rooted in a long history of discrimination, assimilation, trauma and cultural loss in residential schools, social inequality and poverty, poor housing, and a lack of focus on prevention and support for families in need..."[5]

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[4] Vandna, S. et al., Kiskisik Awasisak: Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System. Ontario: Assembly of First Nations, 2011.

[5] Standing Committee on Social Programs, Report on the Review of the Child and Family Services Act, 16th Assembly of the Northwest Territories, 2010.

The conclusions by the Standing Committee and the AFN not only highlighted the deep-seated roots of child neglect, but also underscored the fact that they must be addressed from a government-wide perspective. Toward the end of the period covered in this report significant progress was being made in developing an action plan for mental health and addictions, in revising the early childhood development framework, in implementing the family violence prevention activities, and in creating an anti-poverty action plan. Each of these initiatives will help to alleviate the root causes of child maltreatment.

13. SUMMARY OF FINDINGS

This report covers a period of eleven years, and as such presents a sufficient amount of data to support a discussion of trends. Overall, the total number of children receiving services under the *Act* remained relatively stable, with approximately 550 children receiving services on any given day, and with a total of around 1,000 children receiving services every year. Prior to 2009 the majority of children were receiving court-ordered services; after 2009 the majority of children were receiving voluntary services.

The number of reports of suspected child maltreatment remained relatively constant at just over 2,000 per year, but the actual number of investigations resulting from those reports showed an increasing trend. The number of investigations leading to an apprehension of the child or children was stable Parental alcohol and drug abuse remained the top reason for children being in need of protection. Domestic violence was the second most common reason for reporting suspected maltreatment.

The rate at which voluntary plan of care agreements were entered into showed an increasing trend, as did the rates of voluntary and support service agreements.

The rates of court-ordered supervision orders and interim custody orders showed decreasing trends. Temporary custody orders showed a declining trend. Permanent custody orders increased from 2002 to 2009, then declined in the following years.

The proportion of children receiving services in the family home showed an increasing trend. The proportion of children receiving services in their home community (but not in the family home) remained stable. The proportion of children removed both from the family home and home community declined by almost half, from 15% in 2002 to 8% in 2012. The proportion of children placed outside the NWT remained stable.

14. MOVING FORWARD

The Department responded positively to many of the recommendations made by the Standing Committee on Social Programs in the report of its review of the *Act*, and by March 31, 2012 work had begun on revising the standards and procedures manual to reflect the Committee's recommendations, and on reviewing the *Act* to determine amendments that would be responsive to the Committee's recommendations.

The Department and its regional Health and Social Service Authorities continue to face persistent high social worker turnover rates. The Department has been addressing the retention and recruitment of social workers and is working in partnership with the Aurora College social work staff and students by providing practicum experiences both in the Department and in the Health and Social Services Authorities. The Department has successfully developed a social work mentorship program and has created a professional body with the implementation of the *NWT Social Work Profession Act* in January 2011.

There are certainly positive trends in the data reported. But the fact remains that still too many children require child protection interventions. As was noted previously in this report, the proportion of cases of confirmed child maltreatment through *neglect* is much higher in the NWT than in the rest of Canada. At the same time, the proportion of cases of confirmed maltreatment through both *abuse* and *exposure to domestic violence* is lower in the NWT than in the rest of the country. As also noted previously, there is strong evidence to suggest that child neglect is strongly associated with parental alcohol abuse, and with social issues such as poverty and inadequate housing. The issues that lead to child protection concerns extend well beyond the mandate of the child and family services program, and of the Department itself – they are societal issues that require collaborative efforts across government departments, among all levels of government, and with families and community members. Moving forward there will be a need for more focussed efforts toward integrated case management across the social envelope departments and with community agencies and non-government organizations.

Clearly there has been a growing recognition that child protection services operate as measures of last resort, and that there is a pressing need to focus more on prevention and early intervention. It is equally clear that Child Protection Workers cannot do that on their own. Other resources from within the Department, and from all other departments within the social envelope, need to be brought to bear on the primary causes of child abuse and neglect, especially addictions and poverty.

There is much evidence emerging in support of dealing with child neglect differently than with child abuse. The latter form of maltreatment often requires removing the child, temporarily, from parental care in order to ensure immediate safety. However, in cases of neglect, children are less likely to be in immediate danger, although the long term risks are significant. In cases of neglect it may make more sense to provide additional supports to the parents while maintaining the family intact. Moving in this direction will require significant changes in child protection practices, which will need to be supported by additional training and closer supervision.

Changing the approach to child protection, by removing neglected children from their homes less often and by providing in-home supports to their parents more often, is the recommended direction for the future. While not entirely without risks, this new approach would stand to benefit many children, and their parents and communities. As always, the key challenge for all stakeholders with an interest in the wellbeing of children will continue to be to work collectively in the best interest of each and every child in the NWT. They deserve no less.

APPENDIX 1

Conditions under which a child is considered to be in need of protection, as specified in the *Child and Family Services Act.*

7(3) A child needs protection where

(a) the child has suffered physical harm inflicted by the child's parent or caused by the parent's inability to care and provide for or supervise and protect the child adequately;

(b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the parent's inability to care and provide for or supervise and protect the child adequately;

(c) the child has been sexually molested or sexually exploited by the child's parent or by another person in circumstances where the child's parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was unwilling or unable to protect the child;

(d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child's parent or by another person in circumstances where the child's parent knows or should know of the possibility of sexual molestation or sexual exploitation and is unwilling or unable to protect the child;

(e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behavior towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm;

(f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph;(e) and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm;

(g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition;

(h) the child has been subject to a pattern of neglect that has resulted in physical or emotional harm to the child;

(i) the child has been subject to a pattern of and there is a substantial risk that the pattern of neglect will result in physical or emotional harm to the child;

(j) the child has suffered physical or emotional harm caused by being exposed to repeated domestic violence by or towards a parent of the child and the child's parent fails or refuses to obtain services, treatment or healing processes to remedy or alleviate the harm;

(k) the child has been exposed to repeated domestic violence by or towards a parent of the child and there is a substantial risk that the exposure will result in physical or emotional harm to the child and the child's parent fails or refuses to obtain services, treatment or healing processes to prevent the harm;

(l) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm;

(m) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm;

(n) the child requires medical treatment to cure, prevent or alleviate serious physical harm or serious physical suffering, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, the treatment;

(o) the child suffers from malnutrition of a degree that, if not immediately remedied, could seriously impair the child's growth or development or result in permanent injury or death;

(p) the child has been abandoned by the child's parent without the child's parent having made adequate provision for the child's care or custody and the child's extended family has not made adequate provision for the child's care or custody;

(q) the child's parents have died without making adequate provision for the child's care or custody and the child's extended family has not made adequate provision;

(r) the child's parent is unavailable or unable or unwilling to properly care for the child and the child's extended family has not made adequate provision for the child's care or custody; or

(s) the child is less than 12 years of age and has killed or seriously injured another person or has persisted in injuring others or causing damage to the property of others, and services, treatment or healing processes are necessary to prevent a recurrence, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, the services, treatment or healing processes.

GLOSSARY: DEFINITIONS

DEFINITIONS CHILD AND FAMILY SERVICES STATUS TYPES:

1 APPREHENSION

Apprehension occurs when a child has been removed from the care of the person with lawful custody or from the person having care of the child at the time of the apprehension. A community Child Protection Worker, a peace officer or a person authorized by the Director under Section 55(1) of the *Child and Family Services Act* can apprehend a child when he or she believes the child to be "in need of protection."

2 APPREHENSION LESS THAN 72 HOURS

After an apprehension, a child can be returned to parental care without the matter going to court when the protection issue is resolved in less than 72 hours.

3 INTERIM COURT ORDER

An Interim Court Order is issued by a judge when there is a delay in the court proceedings to another specified court date. This order will state with whom the child will reside until the time of the next court date.

4 SUPERVISION ORDER

A Supervision Order is a court order under Section 28(1)(b)(ii) of the *Child and Family Services Act,* which directs a Child Protection Worker to supervise the home of a child according to the terms and conditions of the Order. The Order may be for a period of up to one year.

5 TEMPORARY CUSTODY ORDER

Custody of a child is temporarily transferred by Court Order to the Director of Child and Family Services. The Temporary Custody Order may be extended to the age of 18; however, under Section 47(3) "the court may not make an order that would result in the child being in the temporary custody of the Director for a continuous period exceeding 24 months".

6 Permanent Custody Order

This is where custody of a child is permanently transferred by a court order to the Director of Child and Family Services until the child attains the age of 16. The Director has all of the rights and responsibilities of a parent under Section 48 of the *Child and Family Services Act*. The Permanent Custody Order may be extended to the age of majority if the youth is in agreement.

7 Plan of Care Agreement

A Plan of Care Agreement is a written agreement made between the person(s) with lawful custody of the child and the Plan of Care Committee. The agreement outlines a case plan for the child and family. The children may reside in their own home or elsewhere. The maximum term of a Plan of Care Agreement (including extensions) is two years. The Plan of Care Agreement is for children considered to be in need of protection as defined in the *Child and Family Services Act*.

8 Voluntary Agreements

There are two types of Voluntary Services Agreements:

Voluntary Services Agreement (VSA): under Section 5(1) of the *Child and Family Services Act*, "the Director may enter into a written agreement with a person who has lawful custody of a child to provide services or to assist others in providing services, or to assist that person's family in obtaining services, to support and assist that person's family to care for the child." The children may reside in their own home or elsewhere. The initial term of a Voluntary Services Agreement is for six months, with provision for additional six-month renewals until the child reaches the age of 16.

Support Services Agreement (SSA): under Section 6(1) of the *Child and Family Services Act*, "the Director may enter into a written agreement with a person who has attained the age of 16 years but has not attained the age of majority and cannot reside with his or her parents to provide services or to assist others in providing services, to support and assist that person to care for himself or herself."

DEFINITIONS OF CHILD AND FAMILY SERVICES PLACEMENT TYPES:

1 EXTENDED FAMILY FOSTER HOME

The Extended Family Foster Home cares for specific child(ren) who are members of their family. To qualify to be this type of foster home the child(ren) must have had a prior positive relationship, by kinship, with the foster family. These homes are opened for a specific child and closed when the child is no longer in care of the Director or requires services under the *Child and Family Services Act* or is under the care of the Director of Child and Family Services.

2 REGULAR FOSTER HOME

Regular Foster Homes are homes which accept and provide care for children who need family care while receiving services through the *Child and Family Services Act* or while under the care of the Director of Child and Family Services. To qualify to be this type of foster home the family must undergo an extensive application and approval process as set out in the standards, regulations and policies of the Department. These homes are opened for a variety of children, who come and go as their needs dictate. These homes operate with ongoing training, evaluation and monitoring. They are closed when the family decides to discontinue providing foster care or because there is a serious breach of the legislation, standards, regulations and policies for operation of a foster home.

3 PROVISIONAL FOSTER HOME

A Provisional Foster Home cares for specific child(ren) or youth. To qualify to be this type of foster home the child(ren) must have had a prior positive relationship with the foster family usually by a friendship relationship. These homes are opened for a specific child and closed when the child no longer requires services under the *Child and Family Services Act* or is under the care of the Director of Child and Family Services.

4 NORTHERN CHILDREN'S RESIDENTIAL TREATMENT CENTRE

A children's residential treatment centre is a facility operated by a service provider to meet the needs of children from the NWT who are receiving services under the *Child and Family Services Act.* These programs, which provide for the treatment, education, care, and recreational and developmental needs of each child in the facility, are located in the NWT.

5 Southern Children's Residential Treatment Centre

A children's residential treatment centre is a facility operated by a service provider to meet the needs of children from the NWT who are receiving services under the *Child and Family Services Act*. These programs, which provide for the treatment, education, care, and recreational and developmental needs of each child in the facility, are located outside the NWT.

6 Parental Home

A parental home is the home of the child's legal guardian or where they routinely reside with an adult who has the authority to provide for them.

If you would like this information in another official language, call us.

English

Si vous voulez ces informations en français, contactez-nous.

French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

TŁĮCHǪ YATI K'ĘĘ. DI WEGODI NEWǪ DÈ, GOTS'O GONEDE.

Tłı̨chǫ

ʔERIHTŁ'ÍS DËNE SÚŁINÉ YATI T'A HUTS'ELKËR
XA BEYÁYATI THEʔĄ ʔAT'E, NUWE TS'ËN YÓŁTI.

Chipewyan

EDI GONDI DEHGÁH GOT'ĮE ZHATĮE K'ĘĘ EDATŁ'ÉH
ENAHDDHĘ NIDE NAXETS'Ę EDAHŁÍ

South Slavey

K'ÁHSHÓ GOT'ĮNE XƏDǾ K'É HEDERI
ʔEDĮHTL'É YERINIWĘ NÍDÉ DÚLE.

North Slavey

Jii gwandak izhii ginjìk vat'atr'ijąhch'uu zhit
yinohthan jì', diits'àt ginohkhìi.

Gwich'in

UVANITTUAQ ILITCHURISUKUPKU INUVIALUKTUN, QUQUAQLUTA.

Inuvialuktun

ᑕᑯᐊ ᑎᑎᖅᑲᐃᑦ ᐱᓕᒍᒧᑦ ᐃᓄᖅᑎᑐᓕᖅᓯᒪᓂᑎᖅ,
ᐅᓪᓚᑦᑎᓐᓄᑦ ᐅᖃᓕᓕᒫᖅᑐᑎᑦ

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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